Hospice Eligibility Pocket Guide

McLaren
HOSPICE

Hospice is not about giving up hope. It's about quality of life...at the end of life. Hospice is a specialized type of care and knowledge for people nearing the end of their health care journey. At McLaren Hospice, we focus on the person, not the disease. We provide compassionate, comfort care to patients while also supporting caregivers, family members and friends.

Hospice care can be provided:

- at home
- in the hospital
- in long-term care facilities
- in assisted living centers

Coverage of hospice care depends upon a physician's certification of an individual's prognosis of a life expectancy of six months or less if the terminal illness runs its normal course. Recognizing that determination of life expectancy during the course of a terminal illness is difficult, the Centers for Medicare and Medicaid Services (CMS) have published medical criteria for determining if certain diagnoses are considered to be in their terminal phase. These medical criterion are called Local Coverage Determinations (LCDs).

If a patient meets the medical criteria, they are, by definition, eligible to receive hospice services. Some patients may not meet the criteria, but may still be eligible for hospice care because of other comorbidities or rapid functional decline. It is the physician's clinical judgment regarding the normal course of the individual's illness that determines a prognosis of six months or less. Patients in the terminal stage of their illness who originally qualify for the Medicare hospice benefit but stabilize or improve while receiving hospice care, yet have a reasonable expectation of continued decline for a life expectancy of less than six months, remain eligible for hospice care.

Amyotrophic Lateral Sclerosis (ALS)

The following criteria must be met:

Vital Capacity (VC) of 40% or less, along with two of the following signs/symptoms:

- Dyspnea at rest
- Orthopnea
- Use of accessory respiratory musculature
- Paradoxical abnormal motion
- Respiratory rate greater than 20
- Reduced speech/vocal volume
- Weakened cough
- Symptoms of sleep disordered breathing
- Frequent awakening
- Daytime somnolence/excessive daytime sleepiness
- Unexplained headaches
- Unexplained confusion
- Unexplained anxiety
- Unexplained nausea

If unable to perform or obtain the VC test, patients meet this criterion if they manifest three or more of the above signs/symptoms.

Supporting documentation:

Rapid progression of ALS in the preceding 12 months evidenced by:

- Progression from independent ambulation to wheelchair or bed bound status
- Progression from normal to barely intelligible or unintelligible speech
- Progression from normal to pureed diet
- Progression from independence in most or all activities of daily living (ADLs) to needing major assistance by caretaker in all ADLs
- Severe nutritional insufficiency (with or without use of a gastrostomy tube)

Hospice eligible ALS patients who elect to have tracheostomies or invasive ventilation may no longer be eligible if these measures extend their life expectancy beyond six months.

Cancer

The patient has:

- Disease with metastases at presentation

or

Progression from an earlier stage of disease to metastatic disease with either:

- A continued decline in spite of therapy; or
- Patient declines further disease directed therapy

Note: Certain cancers with poor prognosis (e.g. small cancer, brain cancer and pancreatic cancer) may be hospice eligible without fulfilling the other criteria listed.

Dementia

The patient should show all of the following characteristics:

- Stage seven or beyond according to the Functional Assessment Staging Scale (FAST)
- Unable to ambulate without assistance
- Unable to dress without assistance
- Unable to bathe without assistance
- Urinary and fecal incontinence, intermittent or
- No meaningful verbal communication, stereotypical phrases only, or ability to speak is limited to six or fewer intelligible words

and

Patients must have had one of the following within the past 12 months:

- Aspiration pneumonia
- Pyelonephritis or other upper urinary tract infection
- Septicemia
- Decubitus ulcers, multiple, stage 3-4
- Fever, recurrent after antibiotics
- Inability to maintain sufficient fluid and calorie intake with 10% weight loss during the previous six months or serum albumin < 2.5 gm/dl

Heart Disease

The patient must have:

- Poor response to optimal treatment with diuretics and vasodilators, including angiotensin converting enzyme (ACE) inhibitors

and

- The presence of significant symptoms of recurrent congestive heart failure (CHF) at rest and classified as New York Heart Association (NYHA) Class IV (inability to carry on any physical activity without discomfort, symptoms of heart failure or angina at rest or increased discomfort even with minimal exertion)

Supporting documentation:

- Ejection fraction ≤ 20%
- Treatment resistant symptomatic supraventricular or ventricular arrhythmias
- History of cardiac arrest or resuscitation
- History of unexplained syncope
- Brain embolism of cardiac origin
- Concomitant HIV disease

HIV Disease

The patient must have all of the following:

- CD4 + Count < 25 cells/mcL or persistant viral load (2 or more assays at least one month apart of >100,000 copies/ml).
- Karnofsky Performance Status (KPS) scale of < 50%.

Plus at least one of the following:

- CNS Lymphoma
- Wasting (loss of at least 10% lean body mass), untreated or unresponsive to treatment
- Mycobaterium avium complex (MAC) bacteria, untreated, unresponsive to treatment, or treatment refused
- Progressive multifocal leukoenecephalopathy
- Systemic lymphoma
- Visceral Kaposi's sarcoma unresponsive to therapy
- Renal failure in the absence of dialysis
- Cryptosporidium infection
- Toxoplasmosis, unresponsive to therapy

Supporting documentation:

- Chronic persistent diarrhea for one year
- Persistent serum albumin < 2.5
- Concomitant, active substance abuse
- Age > 50 years
- Absence of or resistance to antiretroviral, chemotherapeutic and prophylactic drug therapy related specifically to HIV disease
- Congestive heart failure, sympomatic at rest
- Advanced AIDS dementia complex
- Advanced liver disease

Liver Disease

The patient must have:

- Prothrombin time (PT) more than 5 seconds over control, or International Normalized Ratio (INR) > 1.5
- Serum albumin < 2.5 gm/dl

And one or more of the following conditions:

- Ascities, refractory to treatment or patient non-compliant
- Spontaneous bacterial peritonitis
- Hepatorenal syndrome (elevated creatinine and BUN with oliguria {<400 ml/day}) and urine sodium concentration < 10 mEq/
- Hepatic encephalopathy, refractory to treatment or patient non-compliant
- Recurrent variceal bleeding, despite intensive therapy

Supporting Documentation:

- Progressive malnutrition
- Muscle wasting with reduced strength and endurance
- Continued active alcoholism (>80 gm ethanol/day)
- Hepatocellular carcinoma
- HbsAg (Hepatitis B) positivity
- Hepatitis C refractory to interferon treatment

Multiple Sclerosis

The patient has critical nutritional impairment evidenced by:

- Oral intake of nutrients and fluids insufficient to sustain life
- Continuing weight loss
- Dehydration or hypovolemia

or

Rapid disease progression or complications in the preceding 12 months evidenced by:

- Progression from independent ambulation to wheelchair or bed bound status
- Progression from normal to barely intelligible or unintelligible speech
- Progression from independent in most or all activities of daily living (ADLs) to needing major assistance by caretaker in all ADLs
- Progression from normal to pureed diet

Life-threatening complications in the preceding 12 months as evidenced by one or more of the following:

- Critically impaired breathing capacity
- Dyspnea at rest
- The requirement of supplemental oxygen at rest
- The patient declines artificial ventilation
- Recurrent aspiration pneumonia (with or without tube feedings)
- Upper urinary tract infection (pyelonephritis)
- Sepsis
- Recurrent fever after antibiotic therapy
- Stage 3 or 4 decubitus ulcers

Neuromuscular Disease

The patient has critical breathing capacity with the following findings:

- Dyspnea at rest
- The requirement of supplemental oxygen at rest
- The patient declines artificial ventilation

or

Critical nutritional impairment evidenced by:

- Oral intake of nutrients and fluids insufficient to sustain life
- Continuing weight loss
- Dehydration or hypovolemia
- Absence of artificial feeding methods

or

Rapid disease progression or complications in the preceding 12 months evidenced by:

- Progression from independent ambulation to wheelchair or bed bound status
- Progression from normal to barely intelligible or unintelligible speech
- Progression from normal to pureed diet
- Progression from independent in most or all activities of daily living (ADLs) to needing major assistance by caretaker in all ADLs

Life-threatening complications in the preceding 12 months as evidenced by one or more of the following:

- Recurrent aspiration pneumonia (with or without tube feedings)
- Upper urinary tract infection (pyelonephritis)
- Sepsis
- Recurrent fever after antibiotic therapy
- Stage 3 or 4 decubitus ulcers

Parkinson's Disease

The patient has critical nutritional impairment evidenced by:

- Oral intake of nutrients and fluids insufficient to sustain life
- Continuing weight loss
- Dehydration or hypovolemia
- Absence of artificial feeding methods

or

Rapid disease progression or complications in the preceding 12 months evidenced by:

- Progression from independent ambulation to wheelchair or bed bound status
- Progression from normal to barely intelligible or unintelligible speech
- Progression from normal pureed diet
- Progression from independent in most or all activities of daily living (ADLs) to needing major assistance by caretaker in all ADLs

Supporting evidence:

- Dyspnea at rest
- The requirement of supplemental oxygen at rest
- The patient declines artificial ventilation
- Recurrent aspiration pneumonia (with or without tube feedings)
- Upper urinary tract infection (pyelonephritis)
- Sepsis
- Recurrent fever after antibiotic therapy
- Stage 3 or 4 decubitus ulcers

Pulmonary Disease

The patient must have all of the following:

- Disabling dyspnea at rest or with minimal exertion and little or no response to bronchodilators, resulting in decreased functional capacity, fatigue and cough
- Progression of end stage pulmonary disease, as evidenced by prior increasing visits to the emergency department or prior hospitalizations for pulmonary infections and/or respiratory failure
- Room air findings of hypoxemia, as evidenced by $pO2 < 55$ mmHg or oxygen saturation $\leq 88\%$ or hypercapnia, as evidence by $pCO2 \geq 50$ mmHg

Supporting documentation:

- Right heart failure (RHF) secondary to pulmonary disease—cor pulmonale—(e.g., not secondary to left heart disease (or valvulopathy)
- Unintentional progressive weight loss greater than 10% of body weight over the preceding six months
- Resting tachycardia > 100

Renal Disease

A patient has:

- Acute Renal Failure
- Or Chronic Kidney Disease
- And the patient is not undergoing dialysis
- And creatinine clearance < 10 cc/min (<15 cc/min for diabetics)
- Or serum creatinine > 8.0 mg/dl (> 6.0 mg/dl for diabetics)

Supporting documentation:

- Mechanical ventilation
- Malignancy (other organ system)
- Chronic lung disease
- Advanced liver disease
- Advanced cardiac disease
- Immunosuppression/AIDS
- Albumin < 3.5 gm/dl
- Platelet count < 25,000

- Disseminated intravascular coagulation
- Gastrointestinal bleeding
- Uremia
- Oligura (<400 cc/day)
- Intractable hyperkalemia (>7.0) not responsive to treatment
- Uremic pericarditis
- Hepatorenal syndrome
- Intractable fluid overload
- Glomerular Filtration Rate (GFR) < 10 ml/min

Stroke and Coma

Karnofsky Performance Status (KPS) or Palliative Performance Scale (PPS) of <40%.
Inability to maintain hydration and caloric intake with one of the following:

- Weight Loss > 10% in the last 6 months or > 7.5% in the last 3 months;
- Serum albumin < 2.5 gm/dl
- Current history of pulmonary aspiration not responsive to speech language pathology intervention; Sequential calorie counts documenting inadequate caloric/fluid intake;
- Dysphagia severe enough to prevent patient from continuing fluids/foods necessary to sustain life and patient does not receive artificial nutrition and hydration.

Coma (any etiology):
Comatose patients with any three of the following on day three of coma:

- Abnormal brain stem response;
- Absent verbal response;
- Absent withdrawal response to pain;
- Serum creatinine > 1.5 mg/dl

Supporting documentation:

Progressive clinical decline within previous 12 months, as evidenced by:

- Aspiration Pneumonia
- Pyelonephritis
- Refractory stage 3-4 pressure injuries
- Fever recurrent after antibiotics

Karnofsky Performance Status

Description of Function/Activities/Needs	Index
Normal, no complaints; no evidence of disease	100%
Able to carry on normal activity; minor signs of symptoms of disease	90%
Normal activity with effort; some signs of symptoms of disease	80%
≤ 70% = Hospice Referral	
Cares for self; unable to carry on normal activity or to do active work	70%
Requires occasional assistance but is able to care for most of own needs	60%
Requires considerable assistance with ADLs and frequent medical care	50%
Disabled; requires special care and maximum assistance	40%
Severely disabled, although death not imminent	30%
Gravely ill, unable to swallow; totally dependent	20%
Actively dying	10%
Death	0%

The Karnofsky Performance Status Scale is one objective means of documenting a patient's clinical decline. Most patients with a Karnofsky scale of less than 50% are eligible for hospice care.

New York Association (NYHA) Functional Classification

Class I Patients with cardiac disease, but without resulting limitation of physical activity. Ordinary physical activity does not cause undue fatigue, palpitation, dyspnea, or anginal pain.

Class II Patients with cardiac disease resulting in slight limitation of physical activity. They are comfortable at rest. Ordinary physical activity results in fatigue, palpitation, dyspnea, or anginal pain.

Class III Patients with marked limitation of physical activity. They are comfortable at rest. Less than ordinary activity causes fatigue, palpitation, dyspnea, or anginal pain.

Class IV Patients with cardiac disease resulting in inability to carry on any physical activity without discomfort. Symptoms of heart failure or of the anginal syndrome may be present even at rest. If any physical activity is undertaken, discomfort is increased.*

** Hospice eligible Class IV*